

# Stage 1 Meaningful Use Objectives and Measures

**For Eligible Professionals (EPs), Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs)  
Sorted by Core and Menu Set**

## Core Measures

Eligible professionals, hospitals and critical access hospitals must report measures on **ALL** core objectives as identified below. There are 15 core measures for EPs and 14 core measures for EHs and CAHs.

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
Improving quality, safety, efficiency, and reducing health disparities	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.
	Implement drug-drug and drug-allergy interaction checks	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period	Yes/No Attestation
	Generate and transmit permissible prescriptions electronically (eRx)	N/A	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.
	Record demographics - preferred language - gender - race - ethnicity - date of birth	Record demographics - preferred language - gender - race - ethnicity - date of birth - date and preliminary cause of death in the event of mortality in the eligible hospital or CAH	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data	Calculation: Denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology

**CORE SET**

Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
	Maintain an up-to-date problem list of current and active diagnoses	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data	Calculation: Denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology
	Maintain active medication list	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Calculation: Denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology
	Maintain active medication allergy list	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	Calculation: Denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology
	Record and chart changes in vital signs: - Height - Weight - Blood pressure - Calculate and display BMI - Plot and display growth charts for children 2-20 years, including BMI	Record and chart changes in vital signs: - Height - Weight - Blood pressure - Calculate and display BMI - Plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.

**CORE SET**

Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
	Record smoking status for patients 13 years old or older	Record smoking status for patients 13 years old or older	More than 50% (changed from 80%) of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded data	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.
	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule	Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule	Implement one clinical decision support rule	Yes/No Attestation
	Report ambulatory clinical quality measures	Report hospital clinical quality measures	For 2011, provide aggregate numerator, denominator, and exclusions through attestation.  For 2012, electronically submit the clinical quality measures	See Clinical Quality Measure Reporting
Engage patients and their families on their health care	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.
	N/A	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.

CORE SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
	Provide clinical summaries for patients for each office visit	N/A	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology.
Improve care coordination	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	Yes/No Attestation
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	Yes/No Attestation

### **Menu Set Measures**

Eligible professionals, hospitals and critical access hospitals must each report on ALL BUT five measures shown in the Menu Set below. **There is one limitation for the menu set: All EPs and hospitals must choose at least one of the population and public health measures to demonstrate as part of the menu set.** This is the only limitation placed on which five objectives can be deferred from the menu set.

MENU SET				
Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-formulary checks	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	Yes/No Attestation

**MENU SET**

Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
	N/A	Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology
	Incorporate clinical lab-test results into certified EHR technology as structured data	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition	Yes/No Attestation
	Send reminders to patients per patient preference for preventive/ follow-up care	N/A	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology
Engage patients and their families on their health care	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	N/A	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information	Calculation: Denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology

**MENU SET**

Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate		
Improve care coordination	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)	Calculation: Denominator of unique patients regardless of whether the patient's records are maintained using certified EHR technology
	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals	Calculation: Denominator based on counting actions for patients whose records are maintained using certified EHR technology
Improve population and public health	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)	Yes/No Attestation

**MENU SET**

Health Outcomes Policy Priority	Stage 1 Objectives		Stage 1 Measures	Method of Measure Calculation
	Eligible Professionals	Eligible Hospitals and CAHs		
	N/A	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)	Yes/No Attestation
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)	Yes/No Attestation